

Virtually without exception, witnesses dealing with geriatric care issues presented disturbing accounts of the treatment of the elderly in institutions, mentioning arbitrary restrictions, loneliness, over-medication, and impersonal and patronizing care-givers. According to witnesses representing Creative Retirement Manitoba, for example, the rights of an individual frequently undergo major restrictions upon his or her entry into a nursing home.²¹ Residents commonly must comply with rigid schedules and if, for example, they get up at night for a glass of milk, they may be labelled as "wanderers" and given medication which may further erode the capacity to be self-sufficient. The regime of the nursing home, in too many instances, deprives people of their individuality and leads to a decline into passivity, and related physical and mental declines. The problem of over-medication was frequently mentioned by other witnesses, who noted that currently-used drugs have side-effects ranging from withdrawal to irritability, and often create a vicious circle of what amounts, in practice, to institutionally created senility.

At least as distressing as what the Committee heard about conditions frequently occurring in nursing homes, however, was evidence about the consequences of shortages of nursing home places. Waiting lists of up to one year for nursing homes or auxiliary hospitals, according to representatives of the Alberta Civil Liberties Research Centre, propel people into general hospitals where facilities are inappropriate, and can have strongly negative effects on an elderly person's health, longevity and quality of life.²² Representatives of the NDG Senior Citizens' Council (Montreal) concluded that, in the health care area, there is a "systematic bias against the elderly, resulting from the reluctant admission to regular hospitals of the chronically ill, where the care they receive reflects the staff's preference that they not be there."²³

Noting that about 80% of the elderly do not use the formal health care system, relying instead on the immediate family for assistance, Dr. Neena Chappell of the University of Manitoba Centre on Aging called for the creation of a range of health care alternatives, including assistance to family members who provide care and the expansion of home care and home support services.²⁴ In addition, many of the remaining 20%, who do rely on the formal system, do so primarily because alternatives are not available. **The Committee wishes, in view of these considerations, to recommend that the federal government seek the cooperation of the provinces in ensuring that the adaptation of the health care system to the needs of an aging population receives on-going attention in federal-provincial discussions on**